

RESOLUTION 15-51

**RESOLUTION TO APPROVE A SPECIAL EVENTS PERMIT FOR THE
PAY IT FORWARD FESTIVAL**

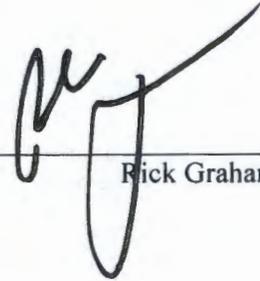
WHEREAS, Title 16, Chapter 3, of the Spring Hill Municipal code requires a permit for special events held in the city; and

WHEREAS, representatives of the Pay it Forward Festival have made application to the Spring Hill Board of Mayor and Aldermen; and

WHEREAS, the City of Spring Hill staff recommends approval.

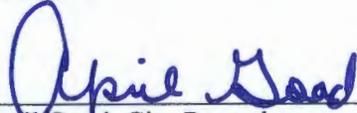
NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF MAYOR AND ALDERMEN OF THE CITY OF SPRING HILL, TENNESSEE, approves a Special Event Application and authorizes staff to issue a permit for the Pay it Forward Festival to be held on June 20, 2015.

Passed and adopted this 15th day of June, 2015.



Rick Graham, Mayor

ATTEST:



April Good, City Recorder

LEGAL FORM APPROVED.



Patrick Carter, City Attorney



CITY OF SPRING HILL SPECIAL EVENT APPLICATION

PERMIT # 2015 06 20

Application Date: June 8, 2015

Event Date: June 20, 2015

Street Closure Required: Yes (No)

IF yes, Street Closure Permit must be attached.

FEES REQUIRED:

Permit Review Fee: \$20.00

Deposit/Bond Required - Determined by City Administrator:

Amount: \$

EVENT DETAILS:

NAME OF EVENT: Spring Hill Pay It Forward Festival

Applicant/Organization: HAZEL NIEVES / Spring Hill Fresh TCH

* Organization shall provide Certificate of Insurance, no less than \$250,000. Copy Attached: [checkmark]

** Provide copy of business license. Copy Attached:

Representative Name & Contact Information: PH# 916-240-2858 EMAIL springhillfresh@gmail.com
2524 Depot St. Spring Hill, TN 37174

Event Location: TCH - park area off Kedron Rd.

Time event will begin: 9:00 am Time event will end: 5:00 pm

Time & place event will: assemble 7am Disassemble: 5-6 pm

Upon signing this application, the applicants shall agree to assume the defense of and indemnify and save harmless the city, its aldermen, boards, commissions, officers, employees and agents, from all suits, actions, damages or claims to which the city may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of special event and the activities permitted in connection therewith.

HAZEL NIEVES
Print Name of Event Applicant

[Signature]
Signature

Notes/Instructions
CITY ADMINISTRATOR APPROVAL DATE
PERMIT ISSUED DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/08/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Broussard & Associates 5339 Main Street Spring Hill, TN 37174	CONTACT NAME: Jessica Lewis PHONE (A/C, No, Ext): 931 451-0015 E-MAIL ADDRESS: Jessica@Brouagent.com		FAX (A/C, No): 888 620-2042
	INSURER(S) AFFORDING COVERAGE		
INSURED Pay it Forward P.O. Box 10 Spring Hill, TN 37174	INSURER A: Mount Vernon Fire Insurance Company		NAIC #
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

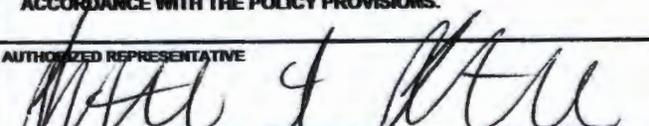
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		MSE015A6116	06/20/2015	06/21/2015	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured: Tennessee Children's Home

CERTIFICATE HOLDER Tennessee Children's Home P.O. Box 10 Spring Hill, TN 37174	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CITY OF SPRING HILL, TN
199 TOWN CENTER PKWY
SPRING HILL, TN 37174

DATE : 6/8/2015 1:01 PM
OPER : RH
TKBY : RH
TERM : 2
REC# : R00024073

36000-110 MISC. 20.00
HAZEL NIEVES - SPRING HILL FRESH 20.00

Paid By:HAZEL NIEVES - SPRING HILL FRESH
CA 20.00

APPLIED 20.00
TENDERED 20.00

CHANGE 0.00